

VOICES FOR CHANGE

AANP Celebrates 25 Years

Ann M. Hoppel, Managing Editor

When I started editing Marie-Eileen Onieal's editorial for this issue (see page 8), her reference to the grassroots origins of the American Academy of Nurse Practitioners (now "Association") reminded me of this article, which appeared in June 2010 to mark the organization's 25th anniversary. Although five years have passed, I vividly recall the passion, enthusiasm, and wisdom of the founders, whose message about taking action to create positive change still resonates. They were inspiring to speak to, and never have I enjoyed working on an article more. —AMH

Picture it: Kansas City, 1984. At a meeting sponsored by the American Nurses Association (ANA), conversation among the NP attendees from across the United States focuses on the widely perceived need for "common representation" of their distinct interests. Who among the existing nursing organizations has the time, money, and/or inclination to serve as the voice of all NPs, providing a conduit for communication and leadership in legislative efforts to remove barriers to practice?

As it will turn out, the answer is *no one*—at least, not in the way these NPs envision. So they decide to do something about that ... and since the result of their collaborative vision is the American Academy of Nurse Practitioners (AANP), you have a pretty good idea how it worked out.

AANP is celebrating its 25th anniversary this year—a milestone its founders probably never doubted would be reached, although others initially questioned the viability of such an organization.

"The feeling was that if it was needed, it would grow, and if it wasn't needed, it wouldn't grow," recalls Jan Towers, PhD, NP-C, CRNP, FAANP, a founding member and past president who continues to serve AANP as Director of Health Policy. "And indeed it grew—so I think we know what our answer was!"

A SEPARATE BUT EQUAL NEED

Of course, creating a new professional organization was not as simple as a group of individuals putting

their heads together. And yet, in a certain sense, it was that easy.

Shortly after those initial discussions in Kansas City, there was another conference in Washington, DC. During a panel discussion with executives from the insurance and advertising industries, it became evident that the biggest issue for NPs was "no one knew who we were," says *Clinician Reviews* NP Editor-in-Chief Marie-Eileen Onieal, PhD, CPNP, FAANP, also a founder and past president of AANP. Clearly, that situation needed to be remedied—but how?

At that time, many NPs were members of ANA (and, it should be noted, many still are). However, since ANA represents all of nursing, the bulk of its resources could not be devoted to NPs. The organization had created a Council of Primary Care NPs in 1974, but the "renegade" NPs of 1984 felt that structure didn't provide the latitude they wanted in their representation.

"We needed a way to really work together and have our undivided attention focused on NP issues," Towers says. Onieal adds, "We weren't abandoning our 'nursing-ness,' but clearly we had separate and distinctly different issues at hand than did the general populace of the nursing profession."

The fact that NPs from across the country—remember, this is pre-Internet—shared this viewpoint added strength to the argument. If dozens of people who didn't really know one another could see the same need, it must be real—and therefore, it



SO, YOU WANT TO START AN ORGANIZATION?

For a group of virtual strangers who had never started an organization before, they went about their business in a methodical and logical way. Different task forces were created, including one to look into how to do articles of incorporation and other “legalese” pieces, and another to develop a list of reasons why a separate organization was needed.

Onieal recalls a good deal of traveling that she and some other NPs did “to every NP meeting, every NP gathering, across the US for a year. We had a petition, and I’d say, ‘All I want to know is whether you think we should start an NP organization.’” The list grew over the course of the year.

In the meantime, contact was made with the handful of existing NP organizations, to see if any of them could meet the needs of the profession at large: the National Association of Pediatric NPs (1973), the National Association of NPs in Reproductive Health (which became the National Association of NPs in Women’s Health; 1980), and the National Conference of Gerontological NPs (1981). But obviously, since these groups had been tasked by their members with representing the interests of NPs in specific fields, their responses boiled down to “We can’t help you—but we wish you well.”

By the time the Chicago meeting rolled around in May 1985, about the only thing left to do was announce the new organization’s formation. Bylaws had already been drafted, and Onieal’s (now former) address in Lowell, Massachusetts, had been chosen as the original headquarters of the organization. (Trivia: AANP was originally incorporated in Lowell, before relocating to Austin, Texas.)

During a panel session in Chicago, Kain and Onieal told the assembled crowd, “This is what we need: We need to be heard as independent providers. We need to have some say in how our practice is regulated. We need ... an organization that will allow us to learn from each other across the country,” as Kain recalls.

The official press release announcing AANP’s creation reads: “The overall purpose of the AANP is to promote high standards of health care as delivered by nurse practitioners and to act as a forum to enhance the identity and continuity of nurse practitioners. It is nationwide in scope and welcomes all

had to be addressed.

“The [NP] role had been around since 1965, but nursing faculty were just beginning to define what NP education ought to look like,” says Carole Kain, DNS, ARNP, PNP-BC, a founding member and the first president of AANP. (She was Carole Kerwin then.) “A lot of things were changing in the profession, and we all wanted to be part of defining what that change meant. It was everybody coming together with a skill set that set us on this course.”

The time was certainly ripe. In her files, Kain still has a copy of a document discussing a referendum the American Medical Association passed in 1984, in which “they said they were actually going to try to inhibit the practice of NPs, PAs, nurse-midwives, and pharmacists, as to prescribing and taking care of patients.”

In addition to that restrictive attitude—a cause to rally around for NPs nationwide—the NP profession had reached a tipping point in terms of growth. “Enough of us had been prepared, but we were still small enough to be spread out [across the country],” Towers says. “We needed some way to connect.”

By the time they left Washington, DC, a steering committee had been formed to explore the need for an organization representing the nation’s approximately 24,000 NPs. They were expected to report back to the ANA one year later, at a meeting in Chicago. And so, the hard work began.

nurse practitioners, regardless of specialty. The first year's focus will be on networking and communications."

AANP's first elected officers were Kain (President), Towers (President-Elect), Onieal (Treasurer), Madeline D. Wiley, MSN, ARNP (Recording Secretary), and Robert T. Smithing, MSN, ARNP (Communications Secretary). Annual membership dues were \$60.

25 YEARS OF PROGRESS

The leaders and members of the newly formed AANP wasted little time in setting out to accomplish their organizational goals. As Onieal says, "When we started, we had a five-year plan and a 10-year plan. And in five years, we got through all of that."

With the initial focus on networking and communications, 10 geographical regions were established, based on the National Health Service Corps regions, and regional directors were found. So were individual reps from every state, each of whom then "started talking to people within their state," Kain says.

For Towers, the focus was on legislative and regulatory issues, just as it is today. "One of the first things

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we started doing was finding ways to influence policy, both in Washington and in our states," she says. "Early on, we started working on reimbursement."

An early victory was getting NPs reimbursement through the Federal Employees Health Benefits Program (1986-1987). On the Medicare front, AANP had a significant impact in securing reimbursement for NPs working in rural areas and in long-term care facilities (1989-1990). Additional milestones include mandated Medicare payment for family and pediatric NPs regardless of supervision status (the early '90s) and direct Medicare reimbursement for NPs regardless of setting (1997).

Seeing all that has been accomplished in 25 years is still a little amazing, even to the people who set the wheels in motion. "We're funding research, and we have a foundation that gives scholarships," Kain says. "Those are things we talked about as 'someday' dreams, but now they're actualizations."

She's greeted every day by signs of how much has changed since 1985. "I can remember the initial dis-

cussions about having a certification program, talking to the psychometricians about how we'd start up the exam and which criteria we'd use," she reflects. "And now, the NPs that I'm teaching are using that certification exam to get their licensure!"

As much as Onieal appreciates all the services that AANP has grown to offer its members, she also recognizes the core value of the organization. "One of our primary purposes was to let people know what NPs are all about—to clarify that we're not LPNs, we're not students, we're not people who couldn't go to medical school and decided to do this instead; this was our chosen profession," she says. "I think we've been successful in doing that."

THE ULTIMATE COLLABORATION

The founders of AANP never doubted that forming the organization was the right thing to do, which probably confirms that they were the best people to do the job. Instead of expending energy on doubts or infighting, they figured out what needed to be done and moved forward.

Kain still has a "vivid mental picture" of the early days in Kansas City and Washington, DC, when there was no organization and therefore no budget, so meetings were held in someone's hotel room. "There would be people sitting on the bed, on the floor, standing up; we're all crammed into the room," she remembers with a laugh. "And people are talking, and we're polite to one another, we're respectful of one another. We're passionate. We're talking about the difficulties and why we need this. And if you could put that into a bottle, you could start a new organization right now!"

That spirit of collaboration is still a viable part of the organization, one that Onieal is proud of. "If anybody ever had an interest in doing something or being something within the organization, the doors were open," she says. "Early on, a couple of students said, 'But we have needs, too,' so we said, 'Fine, we'll start a student special interest group. No problem.'" The point, after all, had always been to learn from one another.

If there is one lesson the AANP founders hope to pass along to future generations, it's that great change can be brought about by a small group of (seemingly) ordinary people with extraordinary determination. They don't want statues erected in their honor, but they do want others to be inspired to take

an active role in the continuous evolution of the NP profession—especially since, as Towers observes, “There is still work to be done.”

“We need to get all the state practice acts on a level playing field,” she notes, “which we’re well on the way to doing now with our consensus document and the model rules and regulations. We need to have recognition within all the payment systems, and remove barriers within existing laws that prevent NPs from practicing to their fullest capability.”

The significant changes that have been brought about in the past 25 years can be difficult to fathom for those who did not witness them. In 2010, the NP profession is well established. (The same is true for PAs.) Students deciding their future *choose* these professions in part because of all they will be able to do and accomplish within their roles.

What they don’t always recognize is that it took hard work and continued vigilance on the part of those who have preceded them to achieve the privileges that today’s clinicians—and perhaps tomorrow’s—run the risk of taking for granted.

“We’re not done, and I don’t want anyone to think they can rest on the laurels of what has gone before or think that without their involvement it will continue,” says Kain. “It won’t. We need them. We need new blood, new thoughts, new ideas, to face the new challenges.”

When she reflects on how a group of near-strangers got together and made a mark on the history of their profession, she concludes, simply, “Others can do the same thing. They just have to want to, and see the need.”

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